S. Department of Labor ffice of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Faiture to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 1/037	2. Fiscal Year Covered From	
' /	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name DJONO S PEKOFF	Name TEAMSTERS LOCAL UNION 317	
	Labor Organization File Number 048-830	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 11037	
Street 4757 CLEVELAND ROAD	Street 566 SPENCER STREET	
City SYRACUSE	City syracuse	
State New York ZIP Code + 4 13215	State New York ZIP Code + 4 13204	
5. Position in labor organization. PRESIDENT/BUSINESS AGENT		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		

A. Held an interest in, engaged in transactions (including loans) with monetary value from an employer whose employees your organizations.	or derived income or other economic benefit of zation represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)				
Signed _	Dyno D. Pelisty	On On	08/09/2005 Date	315-492-1654 Telephone Number

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 9. Business deals with: 8. Name and address of Business (including trade name, if any). Name a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State

or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:		14.a. Nature of payment. TO THE BEST OF MY KNOWLEDGE, I DID NOT RECEIVE OR ACCEPT ANY PAYMENT OF MONEY OR OTHER THING OF VALUE DURING THE YEAR 2004.	
P.O. Box, Bldg., Room No., if any Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

Djono S. Pekoff 4757 Cleveland Road Syracuse, New York 13215

August 10, 2005

United States Department of Labor Employee Standards Administration Office of Labor Management Standards 200 Constitution Avenue, NW Room N-5616 Washington, DC 20210

Re: Form LM-30 Filing

Dear Sir or Madam:

Enclosed please find my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing this report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systematic compliance with these requirements, and to apply standards adapted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department, since that time, has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

Diono S. Pekoff

Dyno S. Pehoff

enclosure